

# Individualized Health Care Plan (IHP)

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Dates: \_\_\_\_\_

School Year: \_\_\_\_\_

IHP Completed by and Date: \_\_\_\_\_

IHP Review Dates: \_\_\_\_\_

Nursing Assessment Review: \_\_\_\_\_

Nursing Assessment Completed by and Date: \_\_\_\_\_

Nursing Diagnosis	Sample Interventions and Activities	Date Implemented	Sample Outcome Indicator	Date Evaluated
<b>Managing Potential Diabetes Emergencies</b>  (risk for unstable blood glucose)	Establish and document student's routine for maintaining blood glucose within goal range including while at school:  <b>Blood Glucose Monitoring</b> <ul style="list-style-type: none"> <li>Where to check blood glucose:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Health room</li> <li><input type="checkbox"/> Other</li> </ul> </li> <li>When to check blood glucose:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Before breakfast</li> <li><input type="checkbox"/> Mid-morning</li> <li><input type="checkbox"/> Before lunch</li> <li><input type="checkbox"/> After lunch</li> <li><input type="checkbox"/> Before snack</li> <li><input type="checkbox"/> Before PE</li> <li><input type="checkbox"/> After PE</li> <li><input type="checkbox"/> 2 hours after correction dose</li> <li><input type="checkbox"/> Before dismissal</li> <li><input type="checkbox"/> As needed</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> <li>Student Self-Care Skills:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Supervision</li> <li><input type="checkbox"/> Full assistance</li> </ul> </li> <li>Brand/model of BG meter: _____</li> <li>Brand/model of CGM: _____</li> </ul>		<b>Blood glucose remains in goal range</b>  Percentage of Time 0% 25% 50% 75% 100% <b>1 2 3 4 5</b>	

# Individualized Health Care Plan (IHP) (Continued)

Nursing Diagnosis	Sample Interventions and Activities	Date Implemented	Sample Outcome Indicator	Date Evaluated
<b>Supporting the Independent Student</b> (effective therapeutic regimen management)	<b>Hypoglycemia Management</b> <b>STUDENT WILL:</b> <ul style="list-style-type: none"> <li>Check blood glucose when hypoglycemia suspected</li> <li>Treat hypoglycemia (follow Diabetes Emergency Care Plan)</li> <li>Take action following a hypoglycemia episode: _____</li> <li>Keep quick-acting glucose product to treat on the spot Type: _____ Location: _____</li> <li>Routinely monitor hypoglycemia trends r/t class schedule (e.g., time of PE, scheduled lunch, recess) and insulin dosing</li> <li>Report and consult with parents/guardian, school nurse, HCP, and school personnel as appropriate</li> </ul>		<b>Monitors Blood Glucose</b> (records, reports, and correctly responds to results)  <div> <div>Never Demonstrated</div> <div>Consistently Demonstrated</div> </div> <div>1 2 3 4 5</div>	
<b>Supporting Positive Coping Skills</b> (readiness for enhanced coping)	<b>Environmental Management</b> <ul style="list-style-type: none"> <li>Ensure confidentiality</li> <li>Discuss with parents/guardian and student preference about who should know student's coping status at school</li> <li>Collaborate with parents/guardian and school personnel to meet student's coping needs</li> <li>Collaborate with school personnel to create an accepting and understanding environment</li> </ul>		<b>Readiness to Learn</b>  <div> <div>Severely Compromised</div> <div>Not Compromised</div> </div> <div>1 2 3 4 5</div>	